



MURANG'A COUNTY ASSEMBLY
THIRD ASSEMBLY- SECOND SESSION

HEALTH SERVICES COMMITTEE

REPORT ON

CONSIDERATION OF THE MURANG'A COUNTY AMBULANCE'S POLICY



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1.0 Preface

On behalf of Health Services Committee, it is my pleasure and duty to present to the County Assembly, the Committee's report on consideration of Murang'a County Ambulances Policy.

1.1 Committee membership

The Committee comprises of the following members: -

- | | |
|----------------------------------|-------------------|
| 1. Hon. John Mwangi Kamau | -Chairperson |
| 2. Hon. Boniface Ng'ang'a Mbau | -Vice Chairperson |
| 3. Hon. Liz Muthoni Mbugua | -Member |
| 4. Hon. Steven Muigai Kimani | -Member |
| 5. Hon. Caroline Wairimu Njoroge | -Member |
| 6. Hon. Kenneth Kamau Mwangi | -Member |
| 7. Hon. James Karanja Kabera | -Member |
| 8. Hon. Julian Njiri | -Member |
| 9. Hon. John Ngugi Kibaiya | -Member |
| 10. Hon. Moses Macharia Mirara | -Member |
| 11. Hon. Morris Thuku | -Member |
| 12. Hon. Elizabeth Wambui | -Member |
| 13. Hon. Peter Munga | -Member |

1.2 Committee mandate

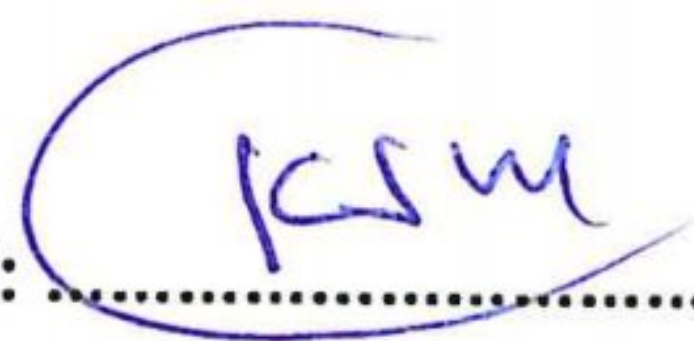
The Committee on Health Services was established under Standing Order No.204 and is responsible for all matters related to county health services, including county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlours and crematoria.

1.3 Acknowledgements

The Committee wishes to sincerely thank the Offices of the Speaker and the Clerk of the County Assembly for the support extended to it in the execution of its mandate.

The Chairperson of the Committee takes this opportunity to thank all the members for their profound contribution through dedication of time and efforts towards the realization of the mandates of the Committee.

Signed:



Hon. John Mwangi Kamau

Chairperson, Committee on Health Services

2.0 Background

Murang'a County ambulance policy was received by the Assembly from the office of the County Executive Committee Member (CECM) for Health on February 3, 2023.

The paper was tabled in the assembly on March 14, 2023. Its consideration was highlighted as one of the Committee's pending businesses and thus needed to be prioritized among the businesses in the second session.

The Committee held a meeting outside precincts of the assembly to discuss on the said policy document from March 24-26, 2023.

3.0 Objectives on workshop

1. To undertake scrutiny on Murang'a County Ambulances Policy.
2. To identify areas of compliance of Murang'a County Ambulances Policy with standard policy generation parameters.
3. To identify areas on improvement on Murang'a County Ambulances Policy.
4. To generate a report with recommendations that will facilitate in generating a final version of Murang'a County Ambulances Policy.

4.0 Problem Statement

A policy is a deliberate system of principles to guide decisions and achieve rational outcomes. It is also a statement of intent, and is implemented as a procedure or protocol. Policies are generally adopted by a governance body within an organization.

Since policies are generated to address specific issues, they should therefore have the following components;

1. A statement of what the organization seeks to achieve.
2. Underpinning principles, values and philosophies.
3. Broad service objectives which explain the areas in which the organization will be dealing.
4. Strategies to achieve the objectives.
5. Specific actions to be taken.
6. Desired outcomes of specific actions.
7. Performance indicators.
8. Management plans and day to day operational rules covering all aspects of services delivery.
9. A review program.

Various programs not only at the County level but also at the National level lack policies which act as a guide towards their implementation. This has resulted to poor implementation and at times null undertaking of the said programs.

It is against this backdrop that the Committee resolved to undertake a scrutiny of the County Ambulances Policy presented before it and identify on whether its generation incorporated the above components.

5.0 Methodology

The Committee held a sitting outside precincts of the Assembly on March 24 and 26, 2023. The Chairperson moderated on discussion of the document whereby Committee members critiqued the contents therein and suggested areas of improvement.

6.0 Discussion on Murang'a County ambulance policy

The Chairperson officially opened the workshop and requested all Committee members to ensure that they actively participated towards discussion of Murang'a County Ambulances Policy. He further indicated that contributions made would be geared towards improvement of the final version to be generated by the County Executive Member for Health and Sanitation.

The document was considered as per the following sub-topics and various gaps pointed out;

6.1 Introduction

The introduction failed to stipulated time frame within which the policy would operate for instance five or ten years.

6.2 Policy Statement

- ✓ The Statement has a spirit of the County offering service delivery to its residents in an efficient and effective manner

Gaps

The committee noted the following gaps;

- ✓ The policy lacks a clear problem statement detailing the current situation and the problem to be solved. This should include situational analysis of the number of emergency cases that required ambulance services and were resolved and the ones that were not resolved by the county in the previous years.

6.3 Policy objectives

1. The Committee appreciated the fact that ambulances were providing emergency services 24 hours and 7 days in a week free emergency service in the County.
2. There were some gaps pertaining to the following;
 - ❖ There was no provision of key deliverables for instance the number of emergency cases to be attended to within a specific period of time.
 - ❖ There was provision of a roadmap on management and maintenance of ambulances.
 - ❖ There was no clear justification outlined on the need for night time armed security towards the management of ambulances in the County.

6.4 Conditions for free emergency ambulance transport

The Committee appreciated on conditions outlined to warrant free emergency ambulance transport, however it was not necessary to provide an ambulance to a patient who had been discharged from the hospital as this would open a room for misuse of these vehicles.

There was a possibility of the ambulances serving patients outside the county boundaries.

6.5 Call center

Establishment of a call center was a good thought since it would serve as an interface between the County residents and the hospital.

The Committee discovered that irrespective of the fact that a call center would help in managing of requests for ambulances from the County residents;

- ✓ There were no timelines indicated on the policy paper as to when it would be established and subsequently equipping it with pre-requisite personnel.
- ✓ Qualifications were not provided for the relevant personnel
- ✓ No specific location was provided for establishment of a call center

6.6 Response to the call

Community Health Workers have been omitted on the complementing the relative of the sick person's role of waiting for ambulance at the landmark location in order to direct the ambulance driver.

No code of conduct is provided for the ambulance personnel.

6.7 Free emergency transport system

There was an observed contradiction in the topic content stipulating that ambulances would be located in health facilities and in the Sub-County offices.

6.8 Security

The county could incur hefty costs by engaging County Police Service to ensure security of the ambulance and passengers especially at night.

6.9 Sustainability

Budgetary provisions in the county budgeting process fails to elaborate a plan inclusion of the ambulance policy implementation programme in the Annual Development Plan and the County Integrated Development Plan.

Periodical analysis to assess sustainability of the programme should feature under monitoring and evaluation.

7.0 Personnel

Qualifications are not outlined for the call centre personnel.

7.1 Ambulance organization structure

The organization structure fails to incorporate the board as one of the reporting authorities. The County Director of Health and Sanitation should have a linkage with the board in a bid to exchange status updates in management and operations of ambulance in the County.

7.2 Legal and regulatory framework

The Committee is not aware of any existing legal and regulatory framework in respect to management of ambulances in the county.

7.3 Management of ambulance services

The following were the gaps in respect to management of ambulance services;

- ✓ There were no outlined clear roles of the management board of ambulance services in the County. The only emphasized role was on raising of funds to run emergency ambulance services.
- ✓ Guidelines to its composition and tenure was not provided
- ✓ There was no clear linkage between the Board and personnel as provided in the organization structure
- ✓ There was no oversight agent to the Board.

7.4 Key stakeholders

There are no outlined modalities on engaging key stakeholders in regard to management and operations of County ambulances despite provision of their roles.

The County Assembly was omitted as a stakeholder owing to the fact that its roles are legislation, oversight and representation.

8.0 Findings

1. Murang'a County ambulance policy meets the following components that guide any policy making;
 - ✓ A statement of what the organization seeks to achieve. This was clearly outlined in the Policy Statement.
 - ✓ Underpinning principles, values and philosophies.
 - ✓ Broad service objectives which explain the specific areas to attain the same.
 - ✓ Strategies to achieve the objectives.
 - ✓ Specific actions to be taken.
2. The Policy introduction failed to stipulated time frame within which the policy would operate for instance five or ten years.
3. The policy lacks a clear problem statement detailing the current situation and the problem to be solved. This should include situational analysis of the number of emergency cases

that required ambulance services and were resolved and the ones that were not resolved by the county in the previous years.

4. In respect to Policy objectives;
 - a. There was no provision of key deliverables for instance the number of emergency cases to be attended to within a specific period of time.
 - b. There was provision of a roadmap on management and maintenance of ambulances.
 - c. There was no clear justification outlined on the need for night time armed security towards the management of ambulances in the County.
5. On Conditions for free emergency ambulance transport, the committee noted that it was not necessary to provide an ambulance to a patient who had been discharged from the hospital as this would open a room for misuse of these vehicles. In addition, there was a possibility of the ambulances serving patients outside the county boundaries.
6. The Committee discovered that irrespective of the fact that a call center would help in managing of requests for ambulances from the County residents;
 - ✓ There were no timelines indicated on the policy paper as to when it would be established and subsequently equipping it with pre-requisite personnel.
 - ✓ Qualifications were not provided for the relevant personnel
 - ✓ No specific location was provided for establishment of a call centre
7. With reference to response on the call, Community Health Workers have been omitted on the complementing the relative of the sick person's role of waiting for ambulance at the landmark location in order to direct the ambulance driver, further, no code of conduct was provided for the ambulance personnel.
8. There was an observed contradiction in the topic content "Free Emergency Transport System" stipulating that ambulances would be located in health facilities and in the Sub-County offices.
9. In matters security, the county could incur hefty costs by engaging County Police Service to ensure security of the ambulance and passengers especially at night.
10. Under the topic sustainability, budgetary provisions in the county budgeting process fails to elaborate a plan inclusion of the ambulance policy implementation programme in the Annual Development Plan and the County Integrated Development Plan. Periodical analysis to assess sustainability of the programme should feature under monitoring and evaluation.
11. Qualifications are not outlined for the call centre personnel.
12. The ambulance organization structure fails to incorporate the board as one of the reporting authorities. The County Director of Health and Sanitation should have a linkage with the board in a bid to exchange status updates in management and operations of ambulance in the County.
13. The Committee is not aware of any existing legal and regulatory framework in respect to management of ambulances in the county.
14. The following were the gaps in respect to management of ambulance services;

- ✓ There were no outlined clear roles of the management board of ambulance services in the County. The only emphasized role was on raising of funds to run emergency ambulance services.
 - ✓ Guidelines to its composition and tenure was not provided
 - ✓ There was no clear linkage between the Board and personnel as provided in the organization structure
 - ✓ There was no oversight agent to the Board.
15. There are no outlined modalities on engaging key stakeholders in regard to management and operations of County ambulances despite provision of their roles.
The County Assembly was omitted as a stakeholder owing to the fact that its roles are legislation, oversight and representation.

9.0 Recommendations

The CEC Member for Health should amend the Murang'a County Ambulance Policy as follows;

1. Including the following on the introduction part

- ✓ Time frame within which the policy would operate for instance five or ten years.

2. Generate a clear problem statement detailing the current situation and the problem to be solved. This should include situational analysis of the number of emergency cases that required ambulance services and were resolved and the ones that were not resolved by the county in the previous years.

3. Adding the following to the Policy objectives;

- ✓ Desired outcomes of specific actions. This could be periodical interviews on County residents to measure levels of satisfaction on ambulance services offered by the County.
- ✓ Provide measurable statistics projections such as increased requests of ambulance services after establishment of a call center.
- ✓ Management plans and day to day operational rules covering all aspects of services delivery. This should provide basis of implementation of the policy and daily monitoring of the same.
- ✓ A review program. The policy should be reviewed annually whereby there should be examination of performance indicators with key relevant stakeholders.

2. Revise Policy objectives to include;

- ✓ Provision of key deliverables for instance the number of emergency cases to be attended to within a specific period of time.
- ✓ Provision of a roadmap on management and maintenance of ambulances.
- ✓ Justification on the need for night time armed security towards the management of ambulances in the County.

3. Expunge the statement under Conditions for free emergency ambulance transport on provision of an ambulance to a patient who has been discharged from the hospital since this would open a room for misuse of these vehicles. In addition, boundaries within which the ambulances operate within the county should be defined.

4. In matters regarding the call centre;

- ✓ Timelines were supposed to be provided as to when it would be established and subsequently equipping it with pre-requisite personnel.
- ✓ Provision of qualifications for the relevant personnel to serve in the call centre
- ✓ Provision of a specific location for establishment of a call centre

5. Community Health Workers should be incorporated in complementing the role of the sick person's role of waiting for ambulance at the landmark location in order to direct the ambulance driver, further, code of conduct should be provided for the ambulance personnel.

6. Provision of specific facilities where ambulances should be located.

7. In matters security, the county could engage its own enforcement officers to ensure security of the ambulance and passengers especially at night to avoid incurring hefty costs by engaging County Police Service.

8. Elaborate a plan on inclusion of the ambulance policy implementation programme in the Annual Development Plan and the County Integrated Development Plan.

9. Undertake periodical analysis to assess sustainability of the programme under monitoring and evaluation.

10. County Ambulance Management Board should feature in the organization structure. The County Director of Health and Sanitation should have a linkage with the board in a bid to exchange status updates in management and operations of ambulance in the County.

11. There should be a citation of the existing legal and regulatory framework in respect to management of ambulances in the county for easier reference.

12. Outline the following in respect to management of ambulance services;

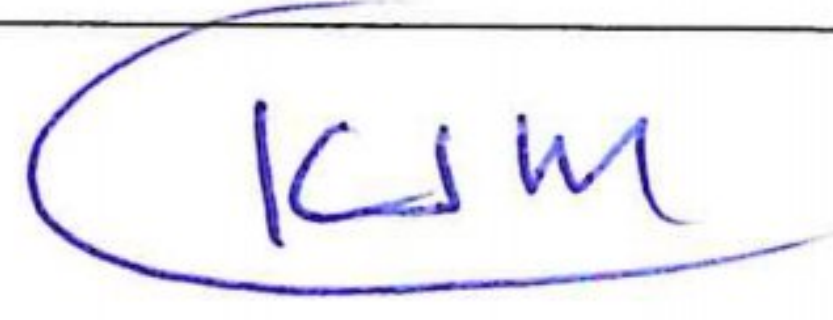
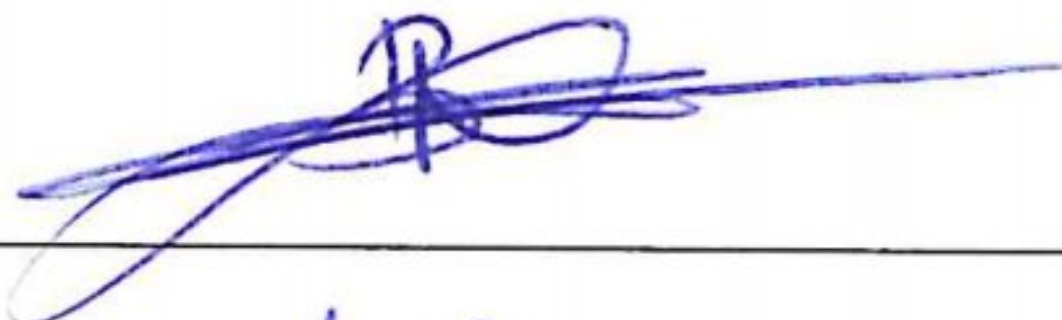




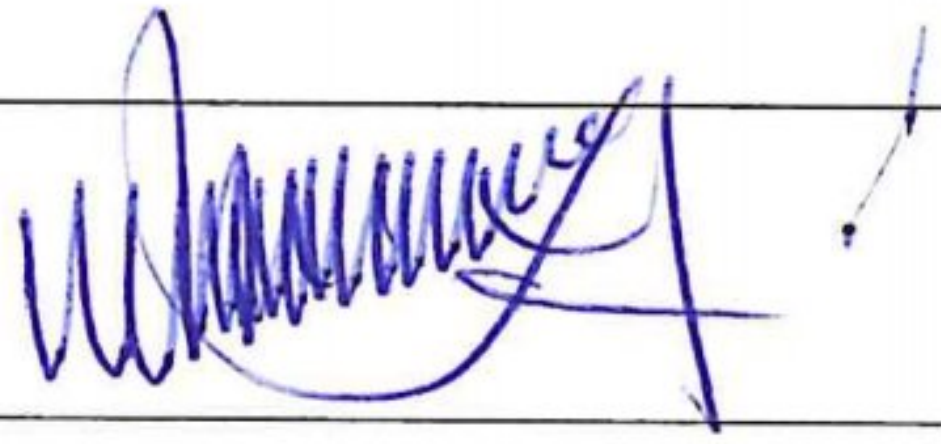


- ✓ Provide clear roles of the management board of ambulance services in the County.
- ✓ Generate guidelines to its composition and tenure
- ✓ Provide clear linkage between the Board and personnel as provided in the organization structure
- ✓ Create an oversight agent to the Board.

13. Provide modalities on engaging key stakeholders in regard to management and operations of County ambulances despite provision of their roles.

14. Include the County Assembly as a stakeholder owing to the fact that its roles are legislation, oversight and representation.

10. ADOPTION OF REPORT

The following members adopted the report for tabling;

NO	NAME	SIGNATURE
1.	Hon. John Mwangi Kamau	
2.	Hon. Boniface Ng'ang'a Mbau	
3.	Hon. Liz Muthoni Mbugua	
4.	Hon. Steven Muigai Kimani	
5.	Hon. Caroline Wairimu Njoroge	
6.	Hon. Kenneth Kamau Mwangi	
7.	Hon. James Karanja Kabera	
8.	Hon. Jullian Njiri	
9.	Hon. John Ngugi Kibaiya	
10.	Hon. Moses Macharia Mirara	
11.	Hon. Morris Thuku	
12.	Hon. Elizabeth Wambui	
13.	Hon. Peter Munga	